



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E460783**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-022321	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 09 - 12 - 2015	1015	31		0664
		N <input type="checkbox"/> S <input type="checkbox"/>	E <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	MILE POST <input type="checkbox"/>
STATE ROUTE 9	2100	

DISTANCE	OF (REFERENCE OR CROSS STREET)
100 MILES <input type="checkbox"/> FEET <input checked="" type="checkbox"/>	20TH STREET SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	PORCARO	FIRST NAME	ALEX	MIDDLE INITIAL	J
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STREET NEW ADDRESS	8716 8TH PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982582499
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	PORCAAJ017N3	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08 - 23 - 1999
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 9	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AFZ5323	STATE	WA	VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	HYUN	MODEL	ACCENT	STYLE	3P	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	STURM	FIRST NAME	MARGUERITE	MIDDLE INITIAL	I
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STREET NEW ADDRESS	9725 9TH PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583914
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	STURMMI581Q3	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11 - 23 - 1942
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 9	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AMB2993	STATE	WA	VIN#	1FMCU9H97DUA29983
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	FORD	MODEL	ESCAPE	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # SAFECO H1583977	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E460783**

CASE # **15-022321**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Vehicle 1 following vehicle 2 southbound SR9 approaching 20th Street SE. Traffic began to slow. Driver of vehicle 1 said that he applied the brakes and they were not stopping the vehicle. vehicle 2 driver said that he applied the brakes harder and the front of the vehicle began to shake. Vehicle was unable to stop and collided with rea of vehicle 2. No reported injuries. Both parties exchanged information.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-12-15 01:02 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

9/12/2015 5:33:03 PM

BADGE OR ID # **130**

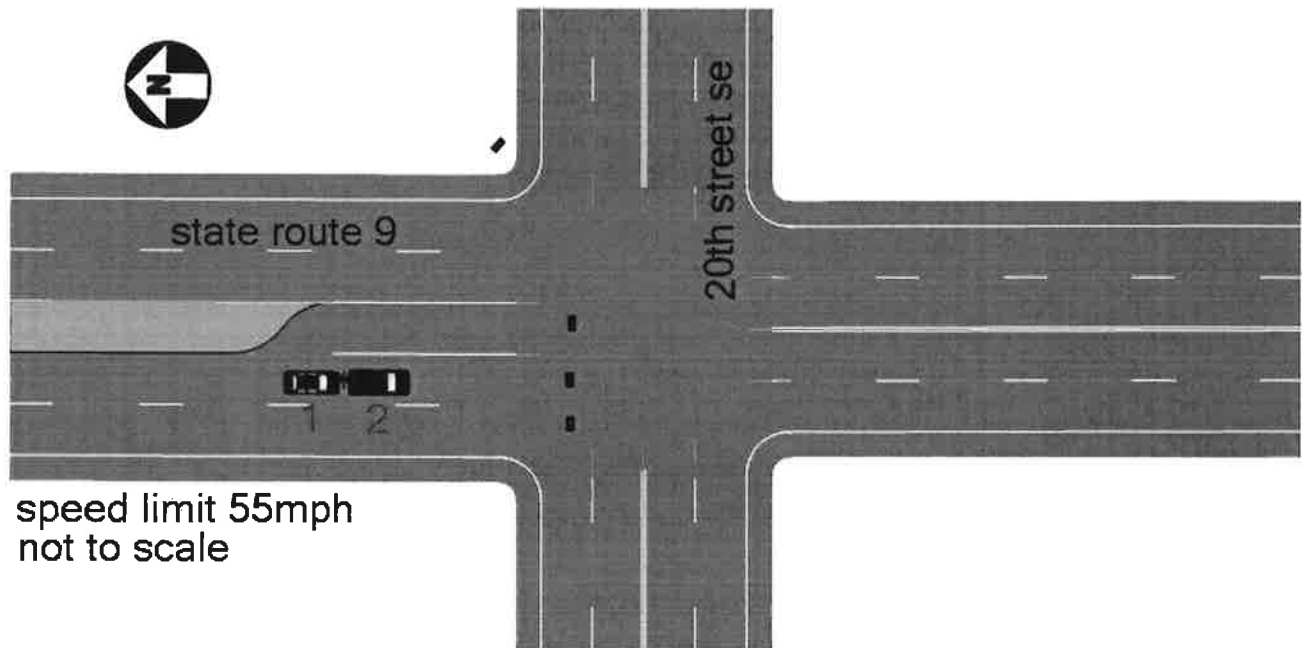
ORI # **WA0311900**

TIME POLICE DISPATCHED

10:17 AM

TIME POLICE ARRIVED

10:20 AM



Incident History for: #SS15018495 Xref: #AG15002859

Case Numbers: \$SS15002321

Entered 09/12/15 10:17:36 BY SPCT08 SP0307

Dispatched 09/12/15 10:17:59 BY SPD17 SP0402

Enroute 09/12/15 10:17:59

Onscene 09/12/15 10:20:09

Closed 09/12/15 10:38:21

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/SR 9 SE , LKS (V)

Loc Info:

Name: MITTS, RAYMOND

Addr: 1827 94 DR SE

Phone: 4253307674

/1017 (SP0307) ENTRY , AC, ON SR 9 NO 20 ST, HEARD ONLY CRASH

/1017 CROSS #AG15002859

/1017 (SP0402) DISPER 19D3 #SS130 RUTHERFORD, OFCR (RICH)

/1018 (SP0307) SUPP NAM: MITTS, RAYMOND,

ADR: 1827 94 DR SE,

PHO: 4253307674,

TXT: NO DESCRIPTIONS

/1020 (SP0402) ONSCNE 19D3

/1021 MISC 19D3 , 2 VEH NON INJ NON BLKING

/1021 SUPP TXT: PD OS ADV NON INJ

/1023 (SS130) REMINQ 19D3 MDTVEH, AFZ5323, , WA, , , , , , , , , ,

/1023 REMINQ 19D3 MDTVEH, AMB2993, , WA, , , , , , , , , ,

/1036 (SP0402) ASNCAS 19D3 \$SS15002321

/1038 (SS130) *CLEAR 19D3 D/H

/1038 CLOSE 19D3